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OCCUPATION IS PHYSICIANS RECORD PERMANENT classified. 4 2 INK supplied pe UNFADING may carefully sup that it ma f certificate. 0 terms. pinous plain information = EATH WRITE 0 Q em

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No [If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOROR RACE 3 SEX 1910 MARRIED, WIDOWED, K (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Doration 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country At place In the yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death? usual residence LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (6)

Statement of cause of death—Name, first, the DIRXABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Daeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

cbildbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblilty" ("Contbenla," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATER State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver scound of head-homicide; Polsoned mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-Examples:



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PLACE OF DEATH 4977 **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVERCED (Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE f day. hrs. OR. min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE Former or usual residence. 19 PLACE OF (Address) 16 20 Filed% RESISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[It death occurred in St:Ward) a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH), 1913 h) (Day) (Year)
	nat I attended deceased from 191 3, 1913 ated above, at / ' A m
	yrs mos ds.
(Signed) (Duration) (Signed) (Address)	redence
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place In of death	

REMOVAL

DATE OF BURIAL

ADDRESS

., 191.

BURIAN

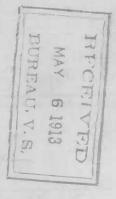
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purreman scottchaecause of death approved by Committee on Nomencla sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Taemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ar-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 ds. Examples:



1 PLACE OF DEATH

49.78

STATE OF MARYLAND CERTIFICATE OF DEATH

CF. Ward)

Registration Dist. No

[If deeth occurred in

Bagon	<i>y</i>	a nospital or institution, give its NAME instead of street and number.]
MEDICAL C	ERTIFICATE OF	DEATH
6 DATE OF DEATH	Afor	17 ,1913
17 HEREBY CO. 191. hat I last saw h Mar. allve	3 to 76	attended deceased from
nd that death occurred on		above, at 4, 4 m
he CAUSE OF DEATH* w	usels	
Contributory B	(Duration)	yrs mos ds
Signed) A	(Duretion)	yrs mos 4 ds
*State the Disease Cau Causes, state (1) Means Tal, Suicidal, or Homicin	SING DEATH, or, OF INJURY; and	in deaths from Violent
TELENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death yrs, mos. Where wes disease contracted, If not at plece of death? Usual residence.	In the	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," The nature of the "Exhaustion," the head Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
county Frank 4979	CERTIFICATE OF DEATH
	Registered No.
Village or City Donnswik (No.	St; Ward) [If death occurred to a hospital or institution, give its NAME lostezd of street and nomber.]
FULL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Male White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH MALL 12, 1864 (Month) (Day) (Year)	the war dead to but found, 191 that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, st. 3.20 Am,
49 / 8 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsmos ds. ORmin. ?	bul Andrew bod,
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	(company whose hume,
business, or establishment in	(Duration) yrs mos ds
which employed (or employer)	Gontributory
(State or country)	(Secondary) (Orrafion) yrs. mos. ds.
10 NAME OF	(1.0 (1)
FATHER William Borken	(Signed) , M. D.
OF FATHER	John 30., 191. B (Address) Bressende Med
Z (State or country) (lensenson)	*State the DISEASE CAUSING DEATH, or, in desths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-
(State or country) (Lensenson) 12 MAIDEN NAME OF MOTHER Mary Baxley	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 SIRTHPLACE OF MOTHER (State or country)	At place to the of death yrs mos ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mrs. John H. Bruce	Former or usual residence
(Address) Branson u, his	1º PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed \$ 26 1918 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20 UNDERTAKER ADDRESS
REGISTRAR	Hilf. feele Hooms Knausewelly
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary Areman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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-Every item of information should be garefully supplied. ACE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve Important. See instructions on back of certificate.			>	
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI important. See instructions on back of certificate.	hound	2	ON IS	
Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSIC CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC important. See instructions on back of certificate.	ANA		UPATI	
Every item of information should be carefully supplied. AGE should be stated EXACTLY. F CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.	DINAMO		000	
Every item of information should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta important. See instructions on back of certificate.	Y LL		tement	
Every item of information should be carefully supplied. ACE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exaimportant. See instructions on back of certificate.	FXA	-	ict sta	
Every item of information should be carefully supplied. ACE should be CAUSE OF DEATH in plain terms, so that it may be properly classified important. See instructions on back of certificate.	chata	-	f. Exa	
Every item of information should be carefully supplied. ACE shown CAUSE OF DEATH in plain terms, so that it may be properly climportant. See instructions on back of certificate.	ald he	3	assilled	
Every item of information should be carefully supplied. AC CAUSE OF DEATH in plain terms, so that it may be prop important. See instructions on back of certificate.	T eho	1	erly cl	
Every item of information should be garefully supplied CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.	240		prop	
Every item of information should be carefully a CAUSE OF DEATH in plain terms, so that it important. See instructions on back of certificat	Manilo	2	may be	હ
Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of	vilingose	discious in	that It	certificat
Every Item of Information should I CAUSE OF DEATH In pialn terms, Important. See Instructions on back	9		9	0
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-Every Item of Inform CAUSE OF DEATH I	o dollar		n plain	ctions
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-Every Iter CAUSE O Important.	0	1	2	Se
CAUS Impor	100	1	LI LI	tant.
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STATE OF MARYLAND CERTIFICATE OF DEATH Tusdanok Registered No.... Ilt death occurred in a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 100 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) ORGIVORCEO Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h alive on (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, st ... 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) (Secondary) (Deration)yrs.....mos. 10 NAME OF FATHER (Signed)..... (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death _____ yrs. mos. ... State yrs, ____ mos. Where was disease contracted. It not at place et death?. Former or usual residence. DATE OF BURIAL if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purrersal septichaccause. Always qualify all diseases resuiting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.: cause of death approved by Committee on Nomencia. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of . ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably valvular heart disease; Chronic interstitial nephritis. The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V. S.

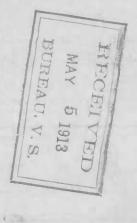
PLACE OF DEATH 4981	STATE OF MARYLAND
Manderich !	CERTIFICATE OF DEATH
County // MANAGE	NY / 132
12.1.11.4	Registration Dist. No.
Village or City/Mallebur (No	St.; Ward) [It death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME AMMA	A Stackley of street and number.]
I VLL IIAIIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SET A COLORAR RACE 5 SINGLE,	16 DATE OF DEATH april 29 1913
Of I male Wite (Write the word)	(Month) (Day) (Yesr)
	17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Why 28 1835	april 2 B , 1913, to april 29, 1913,
(Monyh) (Day) (Year)	that I last saw h malive on april 29 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 3 J D P m.
77 9 / 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min.?	
(a) Trade, profession, or	Cerebrol hemoshaft
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Dunnian)
which employed (or employer)	Gontributory Paraly 27
9 BIRTHPLACE (State or country) Bedford State	(Secondary)
areny / Age	(Ouration)yrsmos. 15 ds.
10 NAME OF TOLIN POR A	(Signed) & L Beckley & 4 H Beckly M. D.
11 BIRTHPLACE	Danely 1, 1913 (Address) hindalleton End
of Father (State or country) Bedford Co Pa	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
OF FATHER (State or country) Bedford to Pa	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER hong a cesuck	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE M // N N	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Faukluica	of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Eg + 4 H Bickly	Former or
(Informant) X	usual residence
(Address) huddlelows high	19 PLACE OF BURIAL OR AEMOVAL DATE OF BURIAL
16 2 2 2 1	1111 191 3
Filed May 2 1913 A M Flete	20 UNDERTAKER ADDRESS
REGISTRAR	16 rece ou midlet
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. lt.should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a): Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Trart fallure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 0



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 4982	STATE OF MARYLAND CERTIFICATE OF DEATH
County Villarica	Registration Dist. No. 131
VIIIage or Gity Trederick (No. 101, 1	Last Auric St.; Ward) Lancin Desh [It death occurred in a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesex 4 COLOR OR RACE 5 SHATE, MARKIED, WIDOWED, WIDOWED, ON THE OWNER OF THE OWNER O	16 DATE OF DEATH USUL 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
© DATE OF BIRTH 2 — 28 , 1837 (Month) (Day) (Year)	that I last saw he alive on April 1,1913
7 AGE (One) 1 day, hrs. OR mos. ds. OR mlo.?	and that death occurred on the date stated above, at A, m The CAUSE OF DEATH* was as follows: Cardina Ustburia
(a) Trade, protession, or particular kind et work (b) General nature et industry, business, or establishment io which employed (or employer) BIRTHPLACE (State or country) Frederick, Country	(Buration) 7 yrs. 7 mos. 7 ds. Contributory Atterio Schlerson (Secondary) (Duration) 9 yrs. 7 mes. 6s
10 NAME OF FATHER Michael Called 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER Charlotte Burely 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Mrs. Rasil J. Charman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. Where was disease contracted, If not at place et death? Former or
(Address) Frederick Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. Chivet Chmetry 4/3, 191.3 20 UN DERTAKER ADDRESS Frederick, Mg
If more blanks are needed, address State Registra	r, o L. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carein-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V.S.

8. No. 1.

Important.

N. B.

1 PLACE OF DEATH Gity Bradderlo (No.

LL NAME Lillian Barrett Biser



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St:Ward)

[if death occurred in a hospital er institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White (Write the word)	16 DATE OF DEATH Month (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
8 DATE OF BIRTH STE 11, 1896	that I last saw h are alive on Port 12 ,191
(Month) (Day) (Year) 7 AGE 16 yrs. 4 mos. 1 ds. or min.?	and that death occurred on the date stated above, at 240 Pm. The CAUSE OF DEATH* was as follows: Commic form chapmation Ht plants following
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry,	Searled-from
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Convention J. yrs. mos. ds. (Secondary) (Duration) yrs. mos. 5 ds.
10 NAME OF FATHER OVING S. BUSER 11 BIRTHPLACE OF FATHER (State or country) Md	(Signed) S. S. Mayrand, N. D. April 12-, 1913. (Address) Francische Midd. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER Celeste Stons 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
(Informant) True to the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed: 4//3,1913 M Foodenar REGISTRAR	Md Olivst Cem afril 15, 191.3. 20 UNDERTAKER J. Schwider Arch Mdo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Nevcr (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puesperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



PHYSICIANS should state of OCCUPATION is very RECORD of information should be carefully supplied. ACE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH CAUSE OF I

80

N. B.

PLACE OF DEATH

1081

1	ounty Frederick	CERTIFICATE OF DEATH
1	Junty	Registration Dist, No. 146
	Wordshar	[If death occurred in
/ V	illage or City (No	a hospital or institution,
	Francis lal	give its NAME lostead of street and number.]
1	FULL NAME JUNION VILLE	John 100 VVV.
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Nale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH T	afr 14, 1913, to afr 19 1913
	Jebruary 18, 1899 (Month) / (Day) (Year)	that I last saw h. in alive on After 18 ,1913
TA	SE If LESS than	and that death occurred on the date stated above, at 6 Am.
	/ // 1 day,hrs.	The CAUSE OF DEATH * Was as follows:
80	Trs	Cecule Thyroidelies
(a	Frade, profession, or	~ one week.
	General nature of industry,	***************************************
bus	ness, or establishment in	(Quration) yrs. mos. ds.
-	ch employed (or empleyer)	Contributory scar aline
(ន	RTHPLACE tate or country)	(Secondary) / days, (Duration) yes mes ds
	10 NAME OF ROLLING BOAN	(Signed) State M. D.
TS	11 BIRTHPLACE	Offer 19, 1913. (Address) Star Dobbard, some,
ARENT	OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER STATES COMMEN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	informant, Walter Bohn.	Former or osual residence
	(Address) Legou Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	11:001 001 . 11	Bever Dam Cemet April 21, 1913
Fil	ed Mul 1913 1 16. Georgischle	20 UNDERTAKER ADDRESS
	A REGISTRAR	O.C. Grosonichle & Johnsville Md.
/	If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative wealthfulbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—It is a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ampic: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY I 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 1085	STATE OF MARYLAND
court Frederick	CERTIFICATE OF DEATH
County County	144
-1-1	Registration Dist. No.
Village or City Thurmout. (No.	St.; Ward) [If death occurred
(10,000)	a hospital or Institutio
2 FILL NAME LEWIS abrasa	- Bollinger. of street and number.]
FULL NAME REWES Wrom	- Breuger.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
Marl. Ist. to MARRIED, WIDOWED, Suarried.	(Month) (Day) (Year)
Male White Write the worth	
8 DATE OF BIRTH	61:113
Oct 19th 1845	, 1910, 1910
(Month) (Day) (Year)	that I last saw h was alive on March 30 4, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 2-30 A m
1 day hrs.	The CAUSE OF DEATH* was as follows:
6 / yrs 5 mos. 12 ds. OR min.?	
8 OCCUPATION 7	Chronic Interstitish Nephulis.
(a) Trade, profession, or particular kind of work arms.	
(b) General nature of Industry,	Melvular Dulace of Pearl
business, or establishment in 4 7 7	(Ouration) 3 yrs. — mosts — ds
watch employed (or employer)	Gontributory
(State or country)	(Secondary)
(State or country) Many Land	(Duration)yrsmosds
10 NAME OF FATHER	(Signed) S. C. Hetaevor, No
FATHER facor Bollinger	Alexand IT + be
11 BIRTHELACE OF FATHER	April 1st , 1913 (Address) / hurmont My
OF FATHER (State or country) Desungleoning	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
V 12 MAIDEN NAME OF MOTHER OF A	TAL, SUICIDAL, OF HOMICIDAL.
a Christina Verholker	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS) OAt place In the
(State or country) Commy loomes	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
hora heartha Bolling	If not at place of death?
(Informant) with the state of t	usual residence
(Address) Thurmout Mel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Journant my Maril 3, 1913
01:1.9 0 (1) 11/1	20UNDERTAKER ADDRESS
Filed Charles 1913 Charles Proces	ha I loses Y
REGISTRAR	Ill. a. aldar. Amount but
If more blanks are needed, address State Registra	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative realthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephrtiis nant neoplasms): Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples: For vio-



should Registered No. 140, OCCUPATION Ilf death occurred in PHYSICIANS St: Ward) a hospital or institution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement NENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Parce ORDIVORCED Parce (Write the word) PERMA HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 12.40 pinous f day,hrs. OR ? roperly 8 OCCUPATION 5 (a) Trade, profession, er particular kind of work. (b) Deneral nature of Industry, pe business, or establishment in O (Duration) may which employed (or employer) -9 BIRTHPLACE (State or country) (Secondary) barefully that Œ 10 NAME OF FATHER ō ARGIN back 11 BIRTHPLACE (Address) terms. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 1 At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. EATH State ... yrs. mcs. Where was disease contracted. If not at place of death?. of 9 Former or Item OF usual residence. mportant. Every Ite BEACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 NE ERTAKE ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

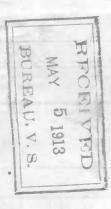
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as duties of the household only (not pald Housekcepers who have no occupation whatever, write None. been changed or given up on account of the disease should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement: material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.; Carcinossis of lungs, meninges, peritonacum, etc.; Carcinospinal death of the death of the

childbirth or miscarriage, as "Purrerran septicharture of the American Medical Association.) cause of death approved by Committee on Nomencia lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genltal," "Senlle." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronic "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory "Old Age," "Shock," "Uraemla," "Weakness," tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name orlgin: "Can-State cause for Never report Examples: For vio-



RECORD

on back of

See Instructions

important.

00 ż

02

4987

County Frederick

Village or City State Sanitorium

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.: Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Full NAME Mrs. Fanny M. Cann.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH						
3 se	male	White Single, White Single, MARRIED, WIDOWED, ORDIVORCED DIVORCED (Write the word)			16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended decea			
6 D	ATE OF BIF	RTH June (Month)		, /863. (Year)	that I last saw Mar. allve on Apr	il 13th.,	1913.,	
7 AGE It LESS than 1 day,hrs. 49 yrs. 39 mos. 24 ds. 0Rmin.?			and that death occurred on the date stated above, at					
(a) pai		sion, or workHousev	work		Pulmonary and Laryn	geal Tubercu	losis	
bus	General natur iness, or est ch employed (ceeping	06000102010201001101100111	(Ouration) .3 (.2.)rsmosds.			
9 BIRTHPLACE (State or country) Maryland		(Secondary) yrs mos ds						
	10 NAME FATHE		Chisley	HAR	(Signed) , M. D.			
INTS	11 BIRTH OF FA (State	THER	nown		April 14, 1913. (Address) State	r in deaths from V.		
PAREN	12 MAIDE OF M	N NAME OTHER Mary E	• Penn		CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)			
	13 BIRTHI OF MO (State of	THER	nown	, , , , , ,	At place in the of death	Lifetime mos.	ds	
(Informant) Mrs. Farmy M. Cann (Address) 1038 Light Street, Balto.		Where was disease contracted, If not at place of death? Probably at home. Former or usual residence 1038 Light St., Balto., Md.						
		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURI					
15	(Auuress		/ //		Baltimore Md.	Unknown	, 191	
Filed Shrift 1913 O. A Stein		20 UNDERTAKER	ADDRESS					
11	1			REGISTRAR	M. L. Craeger	Thurmont,	lid.	

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. statement. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) : Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. it should be used only when needed. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never - return "Laborer," - "Foreman," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-If the occupation has Farmer or Planter, As examples: For persons 1001 (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

*childbirth or miscarriage. as "Purrement scotichaemia," "TUERPERAL pcritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) dent; Revolver wound of had-homicide; Poisoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis ter" Is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Tacmla," "Weakness," etc. (name origin; "Can State cause for "Exhaustion," Never repor



N. B.

	1 PLAC	E OF DEATH	4988		
Col	unty Ja	n Co		(4	
/ii	age or City.	20715	S(No		
			A	1	
	²FUL	L NAME	Jonnes	Car	ey
	PERSO	NAL AND STATIS	TICAL PARTICUL	ARS	
SI	fale	4 COLOR OR RAG		vidence	16 DATE
D	ATE OF BIRTH		Incornet.		Imme
		4	19	, 19/3	that I last
A	GE	(Mon	th) (Day	(Year)	
	7	4 yrs 6	mos 29 ds.	1 day,hrs.	The CAUS
b) us vhi	flicular kind of wor General nature of iness, or establis ch employed (or e RTHPLACE (State or coun	industry, ihment in mployer)	my lond		Contr
	10 NAME OF FATHER	John	n Caru		(Signed)
PARENIS	11 BIRTHPLA OF FATH (State or	ER ///	Md		*Stat
LAN	12 MAIDEN P	NAME JAIC	endo I	rita	CAUSES TAL, SU
	13 BIRTHPLA OF MOTH (State or	CE ER country)	Md		At place of death
	HE ABOVE IS	TRUE TO THE B	EST OF MY KNOW	LEDGE	Where was it not at pl Former or usual resid
	(Address)	Drub	s Md	•••••	19 PLAC
File	ed Cefu /	f ,1913 7	Clya N.	artan	20 UNDE
	_ //			REGISTRAR	1 ///

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 130

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

y	ot street and number.]
MEDICAL CERTIFICATE	OF DEATH
18 DATE OF DEATH	10
DATE OF DEATH	, 191
/ (Month)	(Day (Year)
1 HEREBY CERTIFY, That	t I attended deceased from
1909, to a	7 , 191
that I last saw have alive on	n 18 1913
	C/ A
and that death occurred on the date state	ed above, at DA
The CAUSE OF DEATH* was as follows:	
1.1 1	1
atteriore	lewoods

***************************************	1111
(Quration)	Mikufown
Contributory Mulcubu	m.
Secondary	
(Duration)	A.Ayrsmos
(Signed) Collowells	Dima
(Signed)	
4/17 ,19+3 (Address) Clille	auckown .M
*State the DISEASE CAUSING DEATH, O	or, in deaths from Viole
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	and (2) whether Accidi
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	S, INSTITUTIONS, TRANSIEN
At place In the	
of death yrs ds. State	yrs mos
Where was disease contracted, it not at place of death?	
Former or	# # # # # # # # # # # # # # # # # # #
usual residence	000000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
1 3 -1	Cefr 21, 191
"nound	
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcaslcs (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," Bronchopncumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidentat drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion,"



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. S. No. 1. N. B.

BINDING

RESERVED FOR

MARGIN

PLACE OF DEATH	STATE OF MARYLAND
county Fredoreck 4989	CERTIFICATE OF DEATH Registered No. 153
VIII go or City Branchewich (No.	St.; Ward) [If death occorred in a hospital or institution, give its NAME lostead of street and nomber.]
*FULL NAME PAUL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, The Pl attended deceased from
S DATE OF BIRTH Jan 25, 1837 (Month) (Day) (Year)	April 21, 1913, to April 22, 1913 that I last saw him alive on April 22, 1913
7 AGE 7 AGE 7 AGE 1 if LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 1145 Am, The CAUSE OF DEATH* was as follows: and that death occurred on the date stated above, at 1145 Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) Genoral nature of industry, business, or establishment in	(Duration)yrsmosds.
which employed (or employer) BIRTHPLACE (State or country) WEST OCC.	Contributory acula 2n digistion (Secondary) (Durallon) yrs mos 4 ds.
10 NAME OF PAVIS Carl 11 BIRTHPLACE	(Signed) Allow 26, 1913. (Address) Brunswers M. D.
Z (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Providence	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds, State yrs, mos ds. Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) Brunsus 21 2, Ma)	moy ville and pare of BURIAL AND 1913
Filed \$1,28,1913 Very MR- REGISTRAR	address Brusug. 14
If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Bay laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially ln lndustrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question material worked on may form part of the second It should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But la many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. "Contributory." thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: FOI VIO-



No. 80

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AGE ahould be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. so that it may be To DEATH in plain terma, so that it man See instructions on back of certificate. of information ahould be WRITE CAUSE OF Important. 1 PLACE OF DEATH
County Torslende 4990

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 131

(0,		1		
illage or City Fordence	O (No 134	+ w Chi	ichs:	Ward)
mage of City				
6	12821	2	-	

V	FULL NAME George 9, B. C.	Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 5 5	Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from	
6 D	(Month) (Day) (Year) GE It LESS than 1 day, hrs.	that I last saw h the alive on All 19 m., 1913 and that death occurred on the date stated above, at 1139 Am The CAUSE OF DEATH* was as follows:	
(a) pas whi	CCUPATION) Trade, profession, or ricular kind of work Deneral nature of industry, cinesa, or establishment in ich empioyed (or employer) IRTHPLACE (tate or country)	(Ouration) yrs. mos. 2 de Gontributory Horay of Horas of Horas (Secondary)	
10 NAME OF FATHER Grandeon Countaugh 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAI		(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
147	OF MOTHER Clyabeth Loves 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Muss Susia Crumlargh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs. mos. d Where was disease contracted, it not at place of death? Former or usual residence.	
15	(Address) 134 W Church Sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Liphi 21, 191. 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. uess of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from inus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

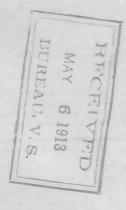
1	PLACE OF DEATH	STATE OF MARYLAND
	Toldenack 4991	CERTIFICATE OF DEATH
Co	ounty 27	Pedictrotion Dist. No.
1	Knowntanne Man	Registration Dist. No.
V	Illaga or City (No. (No.	St.; Ward) [If death occurred in a hospital or institution
	. 0 / 11.	give Its NAME Instead
	FULL NAME JESSIE LOISINE	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S,E	4 COLOR OR RACE 5 SINGLE, MARRIEO	18 DATE OF DEATH
4	MARKET WIDOWSDY JOHONSON	(Month) (Day) (Year)
0	(Write the wold)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	apr 1, 1913, to apr 12, 1913
	Done Henory, 1892	that I last saw h & alive on apr 11 1913
7	(Month) (Day) (Year)	
TAC	de Anno 1 day,hrs.	and that death occurred on the date stated above, at
	yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
	CCUPATION (Julian and Muliane Marie
	Trade, profession, or Lonestic Cook,	oron on one of the
	General nature of Industry,	
	iness, or establishment in Abus Ollows	(Ouration) yrs. 6 mos. ds.
	Al minel out of	Contributory (Secondary)
(8	tate or country)	
	10 NAME OF JO free degreey	(Uuration) yrs mos ds.
	FATHER DOLL PORTOUR	(Signed) To Trace M. D.
S	11 BIRTHPLACE Marylogical	14, 1913 (Address) Frederal. Md
z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
ARE	12 MAIDEN NAME	CAUSES, state (1) Means of Injury; and (2) whether Accinen- TAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER DANS VESTON	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER AND ALASA	At place In the Start Rusell
	(State or country)	of death yrs. mos. /2 ds. State yrs, mos. ds
14-	THE ABOVE IS TRUE TO THE BEST OF MAKNOWLEDGE	Where was disease contracted,
	Informant Jamene U, Credy Sup	Former or The planier Ma
	J. 199	usual residence
	(Address).	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	11/11 3 mg &	20 UNDERTAKER DEMONTH ADDRESS
FI	160 4/14 1913 AM Fordure	101
		Thomas F. Ouce 406, n. Market
/	If more blanks are needed, address State Regis trar. 6	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ilishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative menithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumomia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Always qualify all diseases resulting from inus," "Old Age," "Shock." "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably -Kart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



STATE OF MARYLAND CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative wealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrement scottichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. "Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples:



No. 1.

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1913

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE N. B.-

1	PLACE OF DEATH Dunty Fred & Illiage or City Greagestown (No	STATE OF MA CERTIFICATE OF Registration Di St; Ward	of DEATH st. No. 33
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE 70 6 D	male White (Write the word) ATE OF BIRTH MARRIED, Married ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I Charles J., 1913, to Charles	ril 24, 191 3
7 AC	(Month) (Day) (Year) GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	2.5 , 1918 above, at 2 a m
(a) par (b) busi whi	Trade, profession, or ficular kind of work	Contributory(Secondary)	yrsmos. 4 ds.
10 NAME OF FATHER AND PRINCE. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME (13 MAIDEN NAME (14 MAIDEN NAME (15 MAIDEN NAME (16 MAIDEN NAME (17 MAIDEN NAME (18 MAIDEN NAME (18 MAIDEN NAME (18 MAIDEN NAME (18 MAIDEN NAME (19 MAIDEN NAME ((Signed) Georgea Annill	yrs. mos ds. , M. D. gurstono M. A. In deaths from VIOLENT (2) whether ACCIDEN-
PAI	OF MOTHER Susan For 13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place In the	
	Informant) 100 1 To See To My Knowledge	it not at place of death?	
15	(Address) Creagers for Mcd	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Eil	ad 037 8 74 / 1013 4 C T / 1 2	20 UN DERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

ADDRESS

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar death disease of lungs, meninges, peritonacum, etc.. Carcinlossis of lungs, meninges, peritonacum, etc.. Carcinlossis of lungs, meninges, peritonacum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For wie-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

County FILLOUICK 4994	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Montgure (No. 1607) 2FULL NAME GLORGE FILE	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Salvet of Single, Wisower, Wisower, Wisower, Wisower, Know	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH Opril 23 (Month) (Day) (Year)	(1982), 1913, to (1982), 1913. that I last saw h 122 alive on (1923)
TAGE If LESS than 1 day, hrs. OR min.? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) PRINTHPLACE (State or country) AONA KROON 1D NAME OF	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Cause Sebeling (Duration) / yrs. mos. ds. Contributory (Secondary) (Duration) / yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) LONG KINOW 12 MAIDEN NAME SONT KINOW 12 MAIDEN NAME SONT KINOW	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Informabl) (Address)	At place of death yrs mos. / D ds. State yrs mos ds Where was disease contracted, y not at place of death? Former or usual residence
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has (b)

Statement of cause of death—Name, first, the dibease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measics; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ture of the American Medical Association.) The contributory (secondary or intercurrent Mcasles (disease causing death), 29 ds.: Aiways qualify all diseases resulting from "Senite." etc.), "Dropsy," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can State cause for "Exhaustion," Examples:



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N. B.

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RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1	PL	ACE	OF	DE	ATE
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4995

County Frederick Village or City State Sanitorium

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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[If death occurred in a hospital or institution,

	* FUL	L NAME	Harry Folks	0 00 00 00 00 00 00 00 00 00 00 00 00 0		give its NAME instea of street and number.]
	PERS	ONAL AND STATISTIC	CAL PARTICULARS		MEDICAL CERTIFICAT	E OF DEATH
3 3	ex Male	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, ORDIVERCE SINGLE (Write the Word)		16 DATE OF DEATH April (Mont	h) (Day) (Year)
6 D	ATE OF BIR		13th, /		Jany, 1st, 1913 to Ap	
7 A	G E	22 yrs 9	If LE	ESS than hrshrs.	and that death occurred on the date st The CAUSE OF DEATH * was as follow	ated above, at 6 pe m
(a pa (b)	CCUPATION) Frade, prefession ricular kind of value de la General nature ciness, or estat	on, or work Clea of Industry,			Pulmonary and Laryngea (Ouration)	?».« • • • • • • • • • • • • • • • • • • •
9 B	ich employed (or IRTHPLACE tate or count	olishment 10 Offi rempleyer) Offi try) Maryland			Contributory (Secondary)	7,
	10 NAME O FATHER	John Fol	ks		1 /7/-	us II, M. O.
11 BIRTHPLACE OF FATHER (State or country Maryland 12 MAIDEN NAME OF MOTHER Nannie Elloott		April 12th91.3 (Address) State State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY;	or in deaths from Very			
PAR	13 BIRTHPL OF MOT (State or	THER Nannie E	lldott		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place In the of death yrs. 3 mos. 12 ds. Sta	ALS. INSTITUTIONS, TRANSIENTS,
147		S TRUE TO THE BEST			Where was disease contracted, if not at place of death? Probably. Former or usual residence	at work.
16	4.	0	nd. Street, Ba	il,to.	19 place of Burial or Removal Baltimore, Md.	Unknown , 1913
Fil	ed Spril	18,1913 . (6.	NSLESS	RAR	20 UNDERTAKER M. L. Craeger.	ADDRESS Thurmont. Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis childbirth or miscarriage, as "PUTEPTERAL septichaeetc., when a definite disease can be ascertained as the -heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronte cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting (Recommendations on statement of (name origin; "Can death), 29 ds.; State cause for "Exhaustion, For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT MARGIN RESERVED FOR BINDING V WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH. 4996	STATE OF MARYLAND CERTIFICATE OF DEATH
County FUNDINGS	10)0
0.1	Registration Dist. No. 46
Village or City No. Ce.	St.; Ward) [If death occurred to a hospital or institution,
() ()	give its NAME iostead of street and oumber.]
FULL NAME Juna Ouzu	will file
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLET MARRIED WIDOWSD,	16 DATE OF DEATH (Month) (Day) (Year)
Timale IMI was to for C.	17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH CHANAS	mar 28, 193, to Mul 3, 1913.
(Month) (Day) (Year)	that I last saw have alive on 111111 3, 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5
O, yrs O, mos, & 2, ds. ORmin.?	The CAUSE OF DEATH was as follows:
OCCUPATION (a) Trade, profession, or	The medical and the
particular kind of work	M. SPULLA
(b) Genoral nature of industry, business, or establishment in	(Duration) yrs mos. ds.
which employed (or employer)	Contributory
(State or country)	(Secondary) (Opration) yrs mos s.
10 NAME OF FATHER	(Signed) A Muse N. D.
11 BIRTHPLACE	24214, 1913 (Address) 12121111 21
State of August 19 19 19 19 19 19 19 19 19 19 19 19 19	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
M PWAIDEN NAME	CAUSES, state (1) MEANS (OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a farmer a. Unoun,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(Stope William Mar)	At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informer Samuel Street	Former or usual residence
(Address) Inderible Incl	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Bever Sam Church Mirit 6-1913
Filed Affiril 6, 1913 P & Grosmichle	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Beristrar	Os & Grossnichle & son dohnsville Md.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Graceru: (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulthe nature of the business or industry; and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-



OCCUPATION IS PHYSICIANS RECORD 50 statement EXACTLY PERMANEN BINDING Exact classifled. 4 B Œ shoul 0 properly AGI INK SERVED supplied. pe UNFADING may certificate. Ш that 0 MARGIN WITH back terms, pino 00 PLAINLY. plain Instructions ormation 5 DEATH WRITE See 50 OF Item mportant. ш Every

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No Ilf death occurred in Village or City INO.Ward) a hospital or institution, give its NAME instead of street and number. 1 ² FULL NAM MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWES, M (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 OATE OF BIRTH that I last saw hillen (Year) (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at ! 1 day,hrs. The CAUSE OF DEATH * was as follows: OR.min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country Where was disease contracted. EST OF 14 THE ABOVE IS TRUE TO THE KNOWLEDGE if not at place of death? (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL . 191. 15 20 UNDERTAKER ADDRESS REGISTRA If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," | "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons (6)

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

1 PLACE OF DEATH	STATE OF MARYLAND
Treatment 4998	CERTIFICATE OF DEATH
County	Registration Dist. No. 148
Village or City ruly four (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, windwerd, ORDIVORCED (Write the word)	16 DATE OF DEATH AMAL 22 , 1913 (Month) (Day (Year)
6 DATE OF BIRTH Samuary 19, 1912 (Month) (Day (Year)	that I last saw h AM alive on Afficial 21, 1913.
7 AGE 2 yrs 3 mos 3 ds OR min.?	and that death occurred on the date stated above, at 4.10 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Carchial neumonia
business, or establishment in which employed (or employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Marelland	Contributory Secondary (Burelles)
10 NAME OF FATHER SAMUEL STATES	(Signed) M. D. (Signed) (Signe
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, ds. Sfate yrs, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease confracted, If not af place of death? Former or usual residence
(Address) ML Arrel	Dethany Date of Burial Commence 19 191.3.
Filed apr 23, 1913 4 Dreat REGISTRAR	20 UN DERTAKER Stille ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. who have no occupation whatever, CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Canmia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," death), 29 ds.; "Exhaustion," cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 3 1913
BUREAU, V. S.

A.S.	II.	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT F	Every litem of information should be carefully supplied. AGE should be stated EXACTLY. F CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
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Village or	City State Sana	torium, (No.	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

Harry E. Gardner. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. April WIDOWED, Single (Month) Male White ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Sept. 9th, 1912 to April 2nd, 1913: August 7th 1887. that I last saw him allve on April 2nd 1913. (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 3:55 A. m. t day.....hrs. The CAUSE OF DEATH * was as follows: 26 ds. OR min. ? 7 mos. 8 OCCUPATION Pulmonary and Laryngeal (a) Trade, protession, or Salesman Tuberculosis narticular kind of work... (b) General nature of industry. (Ouration) 3 (?) yrs. - mos... business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) Maryland 10 NAME OF FATHER (Signed)..... Richard T. Gardner. April 2. 191 3 (Address) State Sanatorium, Md. 11 BIRTHPLACE RENT OF FATHER (State or country) Maryland *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Mary Freeman 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Lifetime At place OF MOTHER Maryland of death yrs. 6 mos. 28 ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Probably at work. If not at place of death?..... Harry E. Gardner Former or Catonsville. Md. usual residence... 19 PLACE OF BURIAL OR REMOVAL (Address) Catonsville, Md. DATE OF BURIAL Baltimore. Md. Unknown 1913 15 20 UNDERTAKER ADDRESS M. L. Creager. Thurmont. Md. REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage. as "Purremeal septichaeetc., when a definite disease can be ascertained as the mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," genital," "Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," niere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencia sepsis, tetanus) injury, as fracture of skull and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "Traemia," "Weakness," etc. (name origin; "Can State cause for Examples: For vio-



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Malkersulhole	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [if death occurred is a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWECO, OROIVORCEO (Write the word)	16 DATE OF DEATH Chil 26 , 191 3 (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from 191 3, to April 26 , 191 3,
(Month) (Day) (Year)	that I last saw har alive on April 25 ,1918.
FAGE OCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at 4 am, The CAUSE OF DEATH* was as follows: Landjac droppy south lulargement of liver of interstitute
parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Durafion) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country)	(Secondary) (Quration) //rs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER DELOCATION BUILDING	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease confracted, If not at place of death?
(Informant) Barry Sulfier 15	Former or usual residence. 19 BCACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 1913.
Filed April 38, 191 D. A. Witters REGISTRAR	Listen & Basta Haller
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired & yrs.). been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons "Foreman," (%)

Statement of cause of death—Whene, wirst, the disease causing death—Whene, with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



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hould No is PLACE OF DEATH 500

County Frederick,

Village or City State Sanatorium, (No.)

FULL NAME Rachel Haines.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE 3 SFX MARRIED. WIDOWED, Married Female White (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH February 26, 1913 to April 4th, 4th that I last saw h. Cr. allve on April 4th, 1913. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 2 P. m. 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION Pulmonary Tuberculosis (a) Trade, profession, or Housewife particular kind of work. (b) General nature of industry. business, or establishment in (Duration) 5 (?) yrs. - mos. -Household duties which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) Maryland 10 NAME OF FATHER (Signed)..... Charles L. Nace. April 4th, 1913 (Address) State Sknatorium, Ma. PARENTS 11 BIRTHPLACE OF FATHER (State or country) Maryland *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Ella Fogle 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the Lifetime 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. 1 mos. 2 ds. State yrs. mos. ds Maryland Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Probably at home If not at place of death?..... Mrs. Rachel Haines, usual residence 503 W. Saratoga St., Baltimore, Md. 503 W. Saratoga St., Balto. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Baltimore, Md. Unknown. , 1913... 15 20 UNDERTAKER ADDRESS M. L. Creager, Thurmont, Md. REGISTRAS

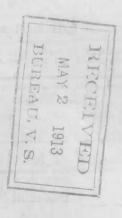
If more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers material worked on may form part of the second It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomençia "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "l'uerperal septiehae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrbage," "Inanition," "Maras. "Collapse." "Coma," "Conv genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) Bronehopneumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mally The contributory (secondary "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: or intercurrent State cause for Examples: For vio



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ATH in piain terms, so instructions on back of

B.—Every Item CAUSE OF Important.

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BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 131

edereck (No. 423, Whinehasts St; 3 Ward)

[It death occurred in a hospital or institution, give its NAME lostead of street and number.]

ADDRESS

Edwina Hammond

	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Colored 5 SINGLE, Surgle MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH After 22 , 191.3 (Youth) (Day (Year)
8 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Snowbro / memoria
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Manyland	Contributory (Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER TO HATTER HOLDER	(Signed) & S (Scooles, M. D.
11 BIRTHPLACE OF FATHER	4-23,1913 (Address) 100- E 5 ther.
11 BIRTHPLACE OF FATHER (State or country) Moaryland 12 MAIDEN NAME OF MOTHER &	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mandand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Intermant) Mars. With Harrison	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 423 Munchast St	Greenwound Beres Afri 24, 1913

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question been changed or given up on account of the DISEASE should be taken to report specifically the oecupations duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Brooks



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARGIN N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so

S. No. 1.

	Registration Dist. No. 13
2FULL NAME Pacel H. 3	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored (Write the word)	16 DATE OF DEATH Alonth) (Day (Year)
Month) (Day (Year)	that I last saw hand alive on 4 - 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work.	Browles-Jumania
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds
9 BIRTHPLACE (State or country) Maneland	Gontributory Secondary
10 NAME OF FOR HAME OF FATHER STORY HOLDER	(Signed) 6 5 (Ouration) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN
12 MAIDEN NAME OF MOTHER Savah lo, Goisis 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Address 423 Klinelion & St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 24, 1913 De draf Mcland	20 UNDERTAKER ADDRESS Thomas J. Proce The decide
If more bianks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

5003

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing .(Recommendations on statement of death), "Exhaustion," Never report For VIO-29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913

FUREAU, V.S.

V. S. No. 1.

STICAL PARTICULARS	5. Hannond MEDICAL CERTIFICATE O
CE SINGLE, Serry MARRIED, WIDOWED.	le 16 DATE OF DEATH Afr
(Write the word)	(Month) 17 I HEREBY CERTIFY, That 4 - 2 0 19 3 to
	Year) that I last saw h alive on H
a Q 1 da	ESS than and that death occurred on the date state. The CAUSE OF DEATH* was as follows:
ore_	(Ouration)
neland	Contributory Secondary
	(Signed) C.S. B. Ouration)
	1913 (Address) 100
hlo. Goi	
angland	At place in the ot death yrs mos ds. State
	whowed, or divorced (Write the word) (Write the word) (Day (If L

5004

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Dist. No. 131

OF DEATH

[If death occurred in a hospital or institution, give Its NAME Instead of street and numbor.]

rd)

16 DATE OF DEATH	26
Africa Constitution of the	
	(Day (Year)
H-20 1913, to	1 attended deceased fro
that I last saw ham alive on	١٩١٤) , ١٩١١
and that death occurred on the date state	d above, at 7-20 A
The CAUSE OF DEATH* was as follows:	
Binch: pre	mona
Contributory Secondary	
(Signed) C.S B. (Ouration)	yrs mos 1 0 0
*State the Disease Causing Death, o Causes, state (1) Means of Injury; s Tal, Suicidal, or Homicidal.	o in douther from Trees we
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs,	S, INSTITUTIONS, TRANSIENT
Where was disease contracted,	, , , , , , , , , , , , , , , , , , ,
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount bu	
20 UNDERTAKER	ADDRESS
Thomas J. Rice	From and and

[Approved by U. S. Census and American Public Health Association.]

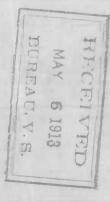
cated thus: gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Brooks



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Caseade (No. 2 FULL NAME Sarilla La	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SHIPLE, WIDDER, WIDDER, WIDDERCED (Write the word) 6 DATE, OF BIRTH 1 2 2 2 1834	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY GERTIFY, That I attended deceased from [1913], to [1913], to [1913]
7 AGE (Month) 22 (Day) 1824 (Year) 17 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h. alive on April \$ 1913 and that death occurred on the date stated above, at 70 0m, The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Mul,	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds
10 NAME OF FATHER DET MICHON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY Stlanght,	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) A I CG Al , Mal (Address) 15 Filed April 9 1913 lo A Sleen REGISTRAR If more blanks are needed, address State Registrar, 6	At place of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL April 11, 1913. 20 UNDERTAKER ADDRESS F. M. Prove Waynestoro Pe

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In all extends with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of etc. State (name origin; "Can-The nature of the death), 29 "Exhaustion," Never report Examples: cause for For VIO-20



BINDING RESERVED FOR MARGIN

V. S. No. 1.

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

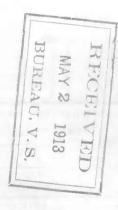
	1 PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Frederica 5006 VI	CERTIFICATE OF DEATH
		Registered No.
v	illage or City Emmuls hur	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
	FULL NAME SOMbies Found	See Hagnez of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale While Single, Married, Missourd ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Jan 5, 1849	that I last saw h. 21 allye on FA 6 8 1913
7 A	(Month (Day) (Year)	10
. A	1 day,hrs.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
	yrs, mos, ds. or min.?	and the same of th
(a)	OCCUPATION OF Trade, profession, or House Facly Tologian kind of work	Cambelley Mishing
(b) bus	General nature of industry, mess, or establishment in ch employed (or employer)	(Ouration) yrs. 2 mos. c ds.
9 B	RTHPLACE tate or country) Fresherick loo 44 4	(Secondary) (Ouration) yrs. mos. ds.
	10 NAME OF Charles B. Millsa	(Signed) Self Delinia, M. O.
TS	11 BIRTHPLACE (State or country)	The Land 1913 (Address) Linear ellery the
ARENTS	(State or country) Perfect to Mich	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
P	Julia H. Melly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) FREChercle Go MIG	ot death yrs mos ds. State yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) mis Mallez & giglez	Former or usual residence
	(Address) Firederick IIIa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	in mellin	Commits love Ma Copel 4/, 191.3
Fil	ed Oneil 20,191 8 Proposition Registran	20 UNDERTAKER AND Encilsburg
1	if more blanks are needed, address Stats Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the nibrable Caubing neart (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenciamia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage, as "Purspural septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skutl, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report For vio-

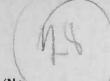


RECORD PHYSICIANS ST	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	

1 PLACE OF DEATH

County Frednrick

Village or City State Sanitorium



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

...St.;.....Ward)

[It death occurred in a hospital or Institution, give its NAME instead ot street and number,]

FULL NAME Uhlan D. Hopkins.

	PERSONAL	AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE		olor or RACE	SSINGLE, MARRIED, WIDOWED, ORDIVORCEDSINGLE (Write the word)	16 DATE OF DEATH April (Month	(Day) (Year)
6 D	ATE OF BIRTH		31st. , 1873.	January 29th., 191 3. to	
7 AC		(Month)	(Day) (Year) It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stat The CAUSE OF DEATH * was as follows	ed above, at7_p.m
(8)	CCUPATION Trade, protession, or rticular kind of work	In	surance Agent.	Pulmonary and Laryngeal	Tuberculosis.
hue	General nature of industriess, or establishment ich employed (or employed	it in	ing insurance	(Duration) .	5 (.2.)rs. mos ds.
9 BIRTHPLACE (State or country) Maryland.		Contributory (Secondary) (Our tiby)	A vrs mas do		
	10 NAME OF FATHER	William]	O• Hopkins•	(Signed)	Hussly , n. D.
ENTS	OF FATHER (State or cour	try) Mary	land.	OState the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJUST:	in donthe from Warn
PARE		OF MOTHER Margaret P. Hopkins.		CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or count)	ry, Mary	land.	At place In the of death	Lifetime
	(Informant)U.s. D.s. Hopkins.s.		Where was disease contracted, It not at place of death? Probably Former or usual residence Cambridge Md.		
	(Address)	Cambridge	, Maryland.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 FI	led Spil 7.	1	A Sterne	Cambridge, Md. 20 UNDERTAKER M. L. Craeger.	ADDRESS Thurmont, Md.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. "Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman," (6)

Statement of cause of death—Name, first, the dibeable causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonaeum, etc.. Carcinosis of lungs, meninges, perstonaeum, etc.. Carcinosis

"Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mus," "Old Age," "Shock," "Traemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Turrperal scptichae mere symptoms or terminal conditions, such as "As cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaked. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Candeath), 29 State cause for Examples

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

MARGIN RESERVED FOR BINDING

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PHYSICIANS 8 RECORD PERMANENT THIS AG O ADIN WITH of DE FO mportant, ш Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred to St:....Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOROR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ... 191...... to... (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at..... 1 day. hrs. The CAUSE OF DEATH * was as follows OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory. (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. ... Where was disease contracted. 14THE ABOVE IS TRUE it not at place of death? Former or (Intermant) usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 15 ADDRESS REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Freturn "Laborer," "Foreman," As examples: For persons 9

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencia dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral scotichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chrowie oma. Sarcoma. etc., of . ture of the American Medical Association.) scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably -Kart fallure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. State cause for Examples:



RECORD	PHYSICIANS should state of OCCUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hark of captilists.
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PLACE OF DEATH 5009	STATE OF MARYLAND CERTIFICATE OF DEATH
County Fine Manual	Registration Dist. No. 134
Village or City Neor Commilton	St.; Ward) [It death occurred I a hospital or Institution give its NAME instead of street and number.]
FULL NAME CMARCES ITELY	Julean
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Mulic (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH Feb 24 1830	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at // m
83 yrs 2 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.	ofer mumoria
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 2 ds
(State or country)	Contributory (Secondary) (Duration) Q yrs mos
10 NAME OF FATHER Anthony Mundan	(Signed) Stocke James M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
TO MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
(Informant) Purs Mollie Bennett	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Emmilshing Ma	mt of marks md may 2, 1913
Filed April 3 a 191 3 Might while of RECEPTRAN	20 UNDERTAKER ADDRESS Suimble Company
if more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-If the occupation has For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. which surgleai operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: d8.: 01



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
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1 PLACE OF DEATH

County Frederick.

5010

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME Robert W. Kesselring,

Village or City State Sanatorium, (No.

-	PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	x 4coloror ale White	MARRIED,		(Year)
6 D		mber 7th, /884. Mouth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended decea	., 1913
7 AC		6 mos. 27 ds. QR min. ?	and that death occurred on the date stated above, at	О А·m.
(a) par (b) busi	Trade, profession, or ticular kind of work Mac General nature of industry, ness, or establishment in the amployed (or amployed)	hinist	Pulmonary Tuberculosis Chronic Parenchymatous Neph (Ouration)2(?) yrs - mos	ds.
9 81	RTHPLACE ate or country) Mary		(Secondary) (Buration) (Buration) (Buration)	
	11 BIRTHPLACE	n Kesselring,	(Signed) Ff. Hasse, April 3, 1913. (Address) State Sangtori	М. В.
PAREN	12 MAIDEN NAME	st Virginia.	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, or HOMICIDAL. **BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA	CCIDEN-
ο.	(Blate of country)	ryland,	At place In the Lifetime.	de
		e Best of MY KNOWLEDGE • Kesselring,	Where was disease contracted. Probably at work. It not at place of death? Probably at work. Former or usual residence Frederick, Md.	*************
15		ick, Md.	Prederick, Md. Unknown	
FII	ed April 4, 1913.	6. A Sherr	20 UNDERTAKER M. L. Creager, Thurmont	, Md.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

etc., when a definite disease can be ascertained as the such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerrenal septichae. "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomeucla "Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Aiways qualify all diseases resulting from "Senife." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

Village or Gity Treleich (No. Platrick St.; Ward) Pull NAME Crabella Kline STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 13 [If death occorred in a hospital or lostifution, give its NAME lostead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formula Pheta Sangle, Married Widower, Willower, Willower, Willower, Write the word) P DATE OF BIRTH March 3/ 1845 (Month) (Day) (Year) 7 AGE 6 SOCCUPATION (a) Trade, protession, or Warried Sangle, Married Willower, Willower, Willower, Williams, Married Will	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 (HEREBY CERTIFY, That I attended deceased from July 1913, to July 1913, that I last saw has allive on July 234, 1913 and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
particular kind of work	
business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Treducies Co	Contributory (Secondary) (Duration) yrs. mos. ds.
OF FATHER	(Signed) , M. D. (Signed) , M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother lea and Hoope 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place or Recent Residence (for Hospitala, Institutions, Transienta, or Recent Residents) At place of death yrs. mes. ds. State yrs, mes, ds. Where was disease contracted, it not at place et death?
(Informant) (Address) Felicia Vid. 15 Filed Skil 26, 1913 De Clay M. Lenry REGISTORE O	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL MIT OLIVEX Certain Opt 27, 191.3 20 UNDERTAKERS Etchison Holina Fedural Augustian Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind.of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., childbirth or miscarriage, as "Pureperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 cs.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maily. "Contributory." LENT DEATHS State MEANS OF INJURY and Qualify as oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

PLACE OF DEATH DU12 County Frederich	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mess New Machelono. 2FULL NAME Charlotte 3	Registration Dist. No. 38 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Feware White Single, Married, Widowe, Ordivorced (Write the word) 6 DATE OF BIRTH 9 19 183 (Month) (Day (Year	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from Open 12 (1913), to open 30 (that I last saw has allye on open 29 (1913).
FOCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 3 mm.
(b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Treduck** 10 NAME OF	Contributory arteris-schrosis - La Briffe Secondary Friet 15 yrs mos 18 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Caharlatte & . Nover.	(Signed) Way 1 3 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Januaville Med 15 Filed Man 2 on 1919 Grand Welg REGISTRAR If more blanks are needed, address State R	19 PLACE OF BURIAL OR REMOVAL Mot. Olivet Berry Mong 2, 1913 20 UNDERTAKER Thomas T. Roice. Gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

FALO

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia brospiual meningitis"); time and causatiou), using always the same accepted causino dearn (the primary affection with respect to Icsis of lungs, meninges, peritonaeum, etc., "Croup";) fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria "Epidemic cere-(avoid use Carcin-

> mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. S. No. 1.

PLACE OF DEATH 5013	STATE OF MARYLAND CERTIFICATE OF DEATH
County Tresers 015	Registered No. /V 3
Village or City Brunswill (No.	St; Ward) [If death occurred is a hospitat or institution give its NAME instead of street and number.]
* PULL NAME AND TO	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Thele Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH Jun 28 , 91	12 Apr 64 1913 to Apr 1/4 191.0
(Month) (Day) (Yea	' 11 2
/ yrs. 2 mos. /7 ds. ormir	hrs. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Buratien) yrs mes of d
9 BIRTHPLACE (State or country)	(Secondary) (Deration) yrs mos 7
10 NAME OF FATHER HUNG A Krede	(Signed) A (Address) Brunstage A
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Brussach My	USUAI residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed \$ 17th 1913 Terris Trest	20 UNDERTAKER C. N. Full To Bungaret 11
If more blanks are needed, address State Reg	gistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness. statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grècery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrpreal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "PUERPERAL peritonitie," etc. State cause for tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 16 DATE 5 SINGLE. 4 COLOR OF RACE MARRIED BINDING WIDOWED ORDIVORCED (Write the word) 17 DATE OF BIRTH ciassified. 4 that I la be (Month) (Day TAGE If LESS than and that FOR 1 dayhrs. -THIS The CAU properly AGE 8 OCCUPATION (a) Trade, profession, or RESERVED particular kind of work. supplied. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) ... certificate. BIRTHPLACE Conti carefully (State or country) Seco that 10 NAME OF FATHER (Signed) 9 MARGIN WITH back ARENTS 11 BIRTHPLACE pinous OF FATHER (State or country) *8fa 00 PLAINLY, CAUSE 12 MAIDEN NAME in piain TAL, S instructions OF MOTHER information 18 LENG OR RI 13 BIRTHPLACE At place OF MOTHER (State or country of death DEATH WRITE Where wa of If not at p CAUSE OF Important. S Former or (informant) usual resi 19 PLAC (Address) 15 No. 20 UND χ<u>ή</u> REGISTRAR ż

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5014

1 PLACE OF DEATH

STATE OF MARYLAND

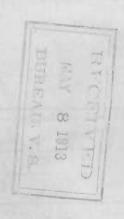
CERTIFICATE OF DEATH
Registration Dist. No. 143
St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
(Month) (Day (Year)
I HEREBY CERTIFY, That I attended deceased from
st saw h & allve on April 80 1913
death occurred on the date stated above, at
SE OF DEATH* was as follows: aloular Heast Denove Sudin death
(Buration) yrs. mos. ds.
HB, Saw, M. D.
te the Disease Causing Death, or, in deaths from Violent s. state (1) Means of Injury; and (2) whether Accident
TH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ICENT RESIDENTS)
in the yrs mos ds. State yrs mos ds disease contracted, lace of death?
dence.
Divet Trederick Hay 1913.
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Cipcery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronie "Heart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County PLACE OF DEATH 5015	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 139
Village or City Instrum (No	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	(Month) (Day) (Year) I HERELY CERTIFY, That Lattended deceased from
Marie of Birth Myss (Month) (Day) (Year)	that I last saw h. M. alive on 27 5 1913
38 yrs. 7 mos. 29 ds. or. min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.	[Munity] wherether
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 7 mos. ds.
SBIRTHPLACE (State or country) 10 NAME OF 10 NAME OF	Contributory (Secondary) Duration yrs mos ds.
FATHER MM Famur	(Signed) M. D. Afric 8 , 1913 (Address) M. D. Life 8 , 1913 (Address) M. D.
11 BIRTHPLACE OF FAYMER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER MALL MALL MALL MALL MALL MALL MALL MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER State or country Jallerse my	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos
(Informant)	Where was disease contracted, at home if not at place of death? Former or usual residence of Testim and Supplies from he
(Address) 16 # + Justin any fighter to	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL / HENDE 1913
Filed Spril 70, 1913. ON Stern REGISTRAR	20 UNDESTAKER ADDRESS Throng he
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Mt should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unquaiified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septicharmus," "Oid Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Deblifty" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent (name origin; "Can State cause for "Exhaustion, Never report Examples: For vio-



OCCUPATION IS RECORD Exact statement PERMANENT classified. 4 properly Z pe supplied. UNFADING may certificate. 50 WITH back terms, pinou 60 plain Instructions Information 5 EATH See 50 A Item 9 mportant. ы CAUSE m ż

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fif death occurred is a hospital or lostitution, give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S BINGLE, SEX 4 COLOR OR BACE MARRIED. WIDOWED, Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ------Contributory 9 BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER 11 BIRTHPLACE L OF FATHER (State or country) *State the DISMASE CAUSING DEATH, or, In deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. mos. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death?. Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL (Address) -----15 20 UNDERTAKER ADDRESS/ If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grbeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichnecause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasics; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V.S.

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Important. Every II

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OCCUPATION IS

PLACE OF DEATH STATE OF MARYLAND 5017 CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 5 , 1913, to apri that I last saw h. ... t. M. alive on ... (Mark! (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day,....hrs. OF DEATH* was as follows:min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. ds Where was disease contracted. If not at place of death? usual residence. 15

[It death occurred in

a hospital or institution.

give its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

if more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

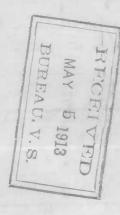
REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc. without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthfulwho have no occupation whatever, write None, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

dent; Revolver wound of head-homicide; Potsoned sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puzzereral scottchaeetc., when a definite disease can be ascertained as the tbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowie oma. Sarcoma. etc., of _ ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrbage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in a hospital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULÁRS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, der DNIONIO ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from classified. (Month) (Day 7 AGE If LESS than 1 day,....hrs. properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in may which employed (or employer) ----certificate. Contributor 9 BIRTHPLACE (State or country) that 10 NAME OF Le FATHER 4 80 6 back PARENTS terms, 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM OR RECENT RESIDENTS) 2 At place DEATH ō Every Item CAUSE OF Important. OR REMOVAL DATE OF BURNAL 16 20 UN DERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from busluess, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuiugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convnlsions," "Debility" ("Coutheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vro-Bronchopneumonia (secondary), 10 ds. affection need not be stated noless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of State cause for "Exhaustion," Never report



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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3 SE	Servalo 18 halo (Write the word)	16 DATE OF DEATH (Month) 17 HEREBY CERTIFY, That I a
6 p	Nov 15, 1822	that I last saw her alive on Jan
7 AC	(Month) (Day) (Year)	and that death occurred on the date stated a
	90 yrs. 4 mos. 18 ds. or. min.?	The CAUSE OF DEATH* was as follows:
(0)	CCUPATION Trade, protession, or	Oldagel- In Jone
nai	rticular kind of work	11 1 2 1/100 90 1 1 101
(b)	rilcular kind of work. House level General nature of Industry,	Jan Carlotte
(b) busi	General nature of Industry, iness, or establishment in	(Duration)
(b) bus whi	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) Gontributory (Secondary)
(b) bus whi	General nature of Industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country)	Gontributory(Secondary)
(b) bus whi	General nature of Industry, iness, or establishment in ch employed (or employer)	Gontributory(Secondary)
(b) busi whi 9 BI (S	General nature of industry, iness, or establishment in the employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER Peter Grossmickle 11 BIRTHPLACE	(Secondary) (Duration) (Signed) ,191 (Address)
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SINE S SINE	General nature of Industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER E lizabeth Grossnickle	Gontributory (Secondary) (Duration)
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PARENTS STATE STAT	General nature of Industry, inass, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER M. A	(Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed
PARENTS Sage	General nature of industry, inass, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MA 13 BIRTHPLACE OF MOTHER (State or country) MA 13 BIRTHPLACE OF MOTHER (State or country) MA MA MA MA MA MA MA MA MA M	Contributory (Secondary) (Signed) ,191 (Address) *State the Disease Causing Death, or, i Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals.) or Recent Residents) At place in the ot death yrs. mos. ds. State Where was disease contracted, it not at place of death? Former or
PARENTS Sage	General nature of industry, inass, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Duration) (Signed) (State the DISEASE CAUSING DEATH, OF, I CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State Where was disease contracted, it not at place of death?
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PLACE OF DEATH

(Criginal

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 135

[It death occurred in

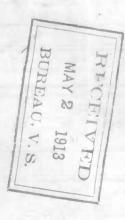
laugans	a nospital or institution give its NAME lester of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH (Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I a	
, 191, to	, 191
that I last saw her alive on and and that death occurred on the date stated a	
The CAUSE OF DEATH* was as follows:	a confinement of the same of t
Old a gel - In kone had a filel and fractimes (Duration)	la Lip-
Contributory (Secondary)	
(Ouration)	. /
(Signed) , 191 (Address) ZVZ	1 101
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLENT (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS. IF OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State Where was disease contracted, It not at place of death? Former or	STITUTIONS, TRANSIENT
usual residence	
Exosorickles meeting stocks	
20 UNDERTAKER	ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wito receive a definite salary), may be entered as minc, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD

RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1	PL	AG	E	OF	DE	ATH

County Frederick

Village or City State Sanatorium, (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

FULL NAME William Oden McDaniel,

PERSONAL AND STATISTICAL PARTICULARS			RS	MEDICAL CERTIFICATE	OF DEATH	
3 SE		4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word	ngle	(Month)	17th, 191.3. (Day) (Year) I attended deceased from
6 DA	TE OF BIRT	н			April 16th,, 1913, to Apri	
		July (Month)	27th,	,, 1.886a (Year)	that I last saw him allve on Apri	
7 AG		26 yrs. 7	mos. 22 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
	CUPATION Trade, profession licular kind of w	, or Miller			Pulmonary Tubero	ulosis.
(b) busi	Generai nature o ness, or estabi	if industry,		**********************	(Ouration) 2	(2) yrs. — mos. — ds.
9 BIRTHPLACE (State or country) District of Columbia		Contributory (Secondary)	Mrs. mos. ds.			
		ONAME OF W. D. McDaniel,		(Signed)	Vrussey, M.D.	
11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Flora Prother		*State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY; a	In doothe from Was			
		18 LENGTH OF RESIDENCE (FOR HOSSITAL				
		country) Distric			At place in the of death	Unknown - ds
(Address) Waldorf, Charles Co., Md.				Where was disease contracted, Probably If not at place of death? Former or usual residence Waldorf, Charles		
			d.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
15	(MUUI 632)		, 110		Waldorf, Charles Co., Md.	Unknown. 1913
git	Mul.	22, 1913.	A Ste	mi	20 UNDERTAKER	ADDRESS
	1			REGISTRAR	M. L. Creager,	Thurmont, Md.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Gröcery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a), the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUTEPERAL schilchaeetc., when a definite disease can be ascertained as the "heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," more symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails Revolver wound of head-homicide; Potsoned The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Wcakness," Aiways qualify all diseases resulting from Mcastes (disease causing "Senile." etc.), (Recommendations on statement of may be stated under the head "Convuisions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Never report Examples: 0



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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very		
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PLACE OF DEATH	STATE OF MARYLAND
County Ledwel 5020	CERTIFICATE OF DEATH Registered No. 33
Village or City Princerel (No	St.; Ward) [It death occerred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on ,191 , 19
SOCCUPATION (a) Trade, protession, or particular kind et work. (b) Seneral nature et industry, business, or establishment in which employed (or employer) SEIRTHPLACE (State or country) Sunnaturily Particular works State or country)	(Duratiee) yrs mos ds. Contributory Plazusta Parse (Secondary)
10 NAME OF FATHER D Myers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O 2 2 1 20	(Signed) (Si
OF MOTHER Clossic & Wellen 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) (Interment)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place at death? Former or usual residence.
(Address) Burnswick Mg 15 Filed At VIH ,1913 Yeven Nesse REGISTRAR	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Drunding Address 20 UNDERTAKER ADDRESS BYUNGAL F. 6 E. Franklin St. Balto, Requesting V. 8 No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcasles (disease causing cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of . of the American Medical Association.) The contributory (secondary or intercurrent) tetunus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; Examples: FOT VIO-



No.

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PHYSICIANS should state of OCCUPATION IS very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. pinous UNFADING INK-THIS ACE carefully supplied. may be certificate. DEATH in plain terms, so that it of information should be See instructions on back . B.—Every Item c CAUSE OF I 5021

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occorred in

(FULL NAME Kathrew	give its NAME loster of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE Single, MARRIEO, WIDOWEO, OROJVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	Mul 30, 1913 (Month) (Day) (Year)	Melo 38, 1913 to af / 1912 that I last saw h. allve on af / 1913
TA	ge	and that death occurred on the date stated above, at /1.30 fm The CAUSE OF DEATH* was as follows: Unubulsed I ferrously
(a) pa (b) bus whi	CCUPATION) Trade, profession, or rifcular kind of work. General nature of industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country) MA	Contributory (Secondary) (Doration) yrs mos ds
NTS	10 NAME OF FATHER Marchall Palm 11 BIRTHPLACE (State or country) MA	(Signed) The Roulson M. D. O. 1912 (Address) Purchaston M. D. State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PAREN	12 MAIDEN NAME Lellian / Frank 13 BIRTHPLACE OF MOTHER (State or country) M. A.	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the of death yrs, mos ds. State yrs, mos ds.
147	Informant) Muta / Least	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) Buckey, town	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Prest June 20 UNDERTAKER APPRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

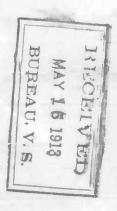
REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as It should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic -Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR WITH UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY,

S. No.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
Frederick 5022	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 131
Lulen of	
Village or City (No,	St.; Ward) [It death occurred in a hospital or institution,
$A \cdot A \cdot$	give its NAME Instead of street and number.]
2FULL NAME (Infant Cal	me all Bow.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE	16 DATE OF DEATH 4 29 101.7
male while windy word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	X , 191 , to Y , 191,
(Month) (Day (Year)	that I last saw h alive on
⁷ AGE If LESS than	and that death occurred on the date stated above, at
1 day, Xhrs.	The CAUSE OF DEATH * was as follows:
g occupation	Stitt Born.
(a) Trade, profession, or	
particular kind of work	
business, or establishment in	(Duration) Yrs X mos S ds.
which employed (or employer)	Contributory Still Jone
(State or country) In alm 1)	Secondary
10 NAME OF	Duration yrs mos ds.
FATHERILLOWS: 20 a lines.	(Signed Clerkey, M. D.
O 11 BIRTHPLACE	
State or country) Full,	*State the DISEASE CAUSING DEATH, or, in deaths from
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Tal, Suicidal, or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER W	At place In the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
n 11. 4 B	If not at place of death?
(Intermant)	Former or Usual residence
(Address) Isellenek level	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Atto livet bem april 29, 1913
File abril 29 1913 Dadray Mcburdy	20 UNDERTAKER ADDRESS
REGISTRAN	F.M. Obenderler Frederick M.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. . (a) Spinner, (b) Cotton mill; (a) Salesman, Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, brospiual meningitis"); Diphtheria (avoid use fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Epidemic cere-"Typhoid Carcin-

> mia," "PUERPERAL peritonitis," etc. State cause for ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenla," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustlon," (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V.S.

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RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	5	0	2	3
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County Frederick

Village or City State Sanatorium

(No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

......St.;.....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Henry Pauls

	PERSO	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S!	ale	4 COLOR OR RACE	5 SINGLE, MARRIEO, WIOOWEO, OROIVORCEDSINGLE (Write the word)	April I4th, 197°. I (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRT	April 26, J	(Day), 18	Sept 14 , 1912 to April 14, 1913
7 A	******	I8 yrs II	it LES 1 day, mos. 19 ds. OR	The CAUSE OF DEATH * was as follows:
(a pa (b)	General nature	work Laborer of industry,		(Duration) 2? yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryl and				Contributory (Secondary) Moration yrs. mos. ds.
S	10 NAME O		ıls	(Signed) , M. D.
OF FATHER (State or country) Germany		iny	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
PA	13 BIRTHPI OF MOT (State or	THER Mary Sau	N. L. L. L. L. V.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the Lifetime of death yrs, mos, ds. State yrs, mos, ds.
			T OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Probably at home Former or usual residence III N. Lakewood Ave Bal to
15	(Address).	III N Lakewo	od Ave , Balto	Baltimore City DATE OF BURIAL Unknown 1913
Filed April 18, 1913. G. A Stever REGISTRAR		A Stein REGIST	AR - Greager	
	/) If	more blanks are need	ed, address State Regis	ear, 6 E. Franklin St. Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first fine will be sufficient, e. g. Farmer or Planter, Physician, Impositor, Architect Locomotive engineer, Civil Indiagnary firence, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) Spinnel (b) Forevern, (b) Automobile factory. The natterial worked on may form part of the second statement. Never return "Indoorer," "Foreman," "Manager," "Dealer," etc., withou more precise specification, as Day laborer, Farm laborer, Laborer—(coal mine att who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divers the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Iurreman scottchae cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile," etc.), (Recommendations on statement of may be stated under "Dropsy," "Exhaustion," (name origin; "Can-State cause for the head Examples: For vio-10



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 5025	STATE OF MARYLAND CERTIFICATE OF DEATH
County Predericis	Registration Dist. No. /3
*FULL NAME HOarry Mo.	N. Market St.; 4 Ward) [It death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mode White Single, Married, Whowes, Orbivorceo (Write the word)	16 DATE OF DEATH Month) Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (17) (1913), to (1914)
(Month) (Day (Year)	that I last saw have alive on alle 14 1913
7 AGE If LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, at 4
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) by yrs. mos. ds.
9 BIRTHPLACE (State or country) Mangland 10 NAME OF FATHER Rusers A. Thagen	Contributory fulf fullulusio Secondary (Duration) yrs mos ds. (Signed) , M. D. 191 3 (Address)
11 BIRTHPLACE OF FATHER (State or country) Moargland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Moargland 13 BIRTHPLACE OF MOTHER (State or country) Moargland	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs, mos ds.
(Intermant)	Where was disease contracted, It not at place of death? Former or usual residence.
Filed April / 7, 1913 Dr. Class J. M. Sandy REGISTRAN 16 16 17 1813 Dr. Class J. M. Sandy REGISTRAN 16 more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Mot. Olivet Cris. Afril, 191.3. 20 UNDERTAKER Thornas J. Toice Firederick, rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grace. ,it should be used only when needed. Grocery; (a) Foreman, (b) Automobile factory. cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcastes (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 State cause for "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

County Hoselic	STATE OF MARYLAND CERTIFICATE OF DEATH
Q. (1)	Registered No. 131
Village or City For Edencle (No 2)	TE 3 rd St; Ward) [If death occurred lo a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Has stopen to man for a month orthor,
(Month) (Day) (Year)	that I last saw h un alive on April 14 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at \$30 Am,
yrs. 3 mos. 6 ds. OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) & smary	(Secondary) (Suration) (Ouration) (Ouration) (Ouration)
10 NAME OF Jany W. Rupersch	(Signed) S. S. Hayrund , M. D.
11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Germany	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Cary Ruger Sch	Where was disease contracted, If not at place of death? Former or usual restdence
(Address) Fredly Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Abril 16, 191, 3
Filodaprif 15, 1913 DrehafMe landy REGISTARE	20 UNDERTAKER LA TIDE SANDRESS
If more blanks are needed address State Registra	F & F Franklin St Raito Requesting V & No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nine, etc. "Manager," "Dealer," etc., without more precise specistatement. Giscory; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing drath—Name, first, the disease causing drath—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberoulesis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For VIO-Ex-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH 5027	STATE OF MARYLAND
1)0 60-1060	CERTIFICATE OF DEATH
County Specific County	Registration Dist. No. 143
	Registration Dist, No
Village or City Mas Jeffers (No.	St.; Ward) [It death occurred in a hospital or institution,
	give IIs NAME Instead
FULL NAME Fillie Revece	a Kutherford of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO,	16 DATE OF DEATH 24 1913
Jehnal Mill WIOOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
/ /2 .000	Ups 2 1913, to War 2 1913,
(Month) (Day (Year)	that I last saw h an alive on and 21, 1915
⁷ AGE if LESS than	and that death occurred on the date stated above, at 8 m.
13- 3 12 t day,hrs.	The CAUSE OF DEATH * was as follows: society tal
B OCCUPATION	Shieft from mus
(a) Trade, protession, or At Alana e	burns, used turpentine t
particular kind of work (b) General nature of Industry,	I caught fix from stone
business, or establishment in	13 Hours (Ouration)
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF D	Mas (Ouration) yrs mos ds.
FATHER RULENT R. But Hard	(Signed) D/L/4 B D wow , M. D.
2 11 BIRTHPLACE	april 3 (Address) Alfren
11 BIRTHPLACE OF FATHER (State or country) Hayland 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	
E 12 MAIDEN NAME A A LA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL,
a of MOTHER Christine & Ruller	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER	or RECENT RESIDENTS) At place In the
(State or country) 16 anylant	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(interment) Notes Kinsheford	Former or usual residence
Jefferson, st. f	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Affiliation (Address)	Jeffemon Ston 211 2
St. 24 2 M DETalina	20 UNDERTAKER ADDRESS
Filed 4, 1913 L.A. EQUITAR	A R cetchison Eldens 111
If more blauks are needed, address State Regis	1 bill water with the state of

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, write None. As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcaslcs (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from "Senile," etc.); "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

1 PLACE OF DEATH 5028	STATE OF MARYLAND
County Prederich	CERTIFICATE OF DEATH
	Registration Dist. No. 144
Village or City Backun (No.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME (Sox Jamed	give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
\$ SEX \$ 4 COLOR OR RACE 6 AINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on Albrid 8 , 1913.
7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory (Secondary)
10 NAME OF FATHER Harry affections of FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs,mosds. Stateyrs,mosds. Where was disease contracted,
(Informant) A and a dayle	if not at place of death? Former or usual residence
(Address) Susmest huy 16 Filed Opv. 19, 1913 anna M. Jones REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JACCHON MARCHAN 181.3. 20 UNDERTAKER ADDRESS M. L. Creaser Thurson has
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekcepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b)
Qrocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, S been changed or gr Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupanfully employed, as At school or At home. Care ald be taken to report specifically the occupations ersons engaged in domestic service for wages, as Women at home, who are engaged in the Never e occupation at beginning of illen up on account of the DISEASE If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purremeal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ampic: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



S. No.

PARENTS (%)	BARENTS (2)	PARENTS	
		PARENTS	1
		PARENTS	
		PARENTS	3 5
		PARENTS	3
		PARENTS	6
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		PARENTS	7 A
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14	14	14	
		15	14
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15 F	F		

	PLAGE OF DEATH 5029 Sunty Friderick Mono 234 &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
	FULL NAME Mra ceza com	actual sex
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 D/	(Month) (Day) (Year)	that I last saw h. S. alive on and 1913
⁷ A G		and that death occurred on the date stated above, at
(a) par (b) busi	Trade, profession, or ticular kind of work	about Sharp (Quration) tyrs. mos. ds.
9 BI (St	10 NAME OF 100 Mary Cand	Contributory Allin - Ochusis (Secondary) Adual (Duration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
۵.	13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Intermant) Miss of My KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
16 File	a Caper II 1913 Dr. Jrag. Mc lomdy REGISTER	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt Clivet Senatry 4 ADDRESS 20 UNDERTAKER ADDRESS Frederick
/	If more blanks are needed, address State Regis trar,	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many The question

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage. as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemia," "Weakness," always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), may be stated under the head of (Recommendations on statement of or Homicidal, or as probably "Dropsy," "PUERPERAL scptichae-__ (name origin; "Can-"Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

MAY 6 1918
BUREAU, V. S.

certificate.

B. ż

٧	iliage or Cit		max))	No.
	PERSO	NAL AND	STATISTIC	AL PARTICUL	ARS
SE	ex Jenole	4 COLOF	OHHACE	MARRIED, WIDGWED, ORDIVORCED (Write the WO	ord)
3 D	ATE OF BIRT	H A	(Month)	/S (Day)	, 1913 (Year)
A	3 E	/	m	es. ds	If LESS than 1 day, / hrs. OR.3.0.min.?
(a) pai (b) bus	CCUPATION Trade, profession rticular kind et wo General nature e iness, or establi ch employed (or	or orkfindustry, shment to	h	~~.	
(a) pai (b) bus whi	Trade, profession rticular kind of wo General nature o iness, or establich employed (or IRTHPLACE tate or countr	or ork	m		
(a) pai (b) bus whi	Trade, profession rticular kind et wo General nature e iness, or establi ch employed (or	or ork	m	, Hor	noh
(a) par (b) bus whi	Trade, profession rticular kind of wo General nature o iness, or establich employed (or IRTHPLACE tate or countr	or ork findustry, shment to employer)	m	Jhvan	· · · · · · · · · · · · · · · · · · ·
ARENTS (a) Band (b) Band (c) B	Trade, profession ricular kind of wo General nature 0 iness, or establi ch employed (or tatte or countr	or ork	may	Land Ee.	Jones
ARENTS (8)	Trade, profession ricular kind of wo General nature o Iness, or establi ch employed (or IRTHPLACE tate or countr 10 NAME OF FATHER 11 BIRTHPL OF FATH (State or c	or ork findustry, shment to employer) The ACE HER HER ACE HER ACE	may	lml	Jones ,
PARENTS (a) bas (b) bas (b) bas (c) bas (d) ba	Trade, profession ricular kind of wo General nature 0 iness, or establi ch employed (or RTHPLACE tate or countr 10 NAME OF FATHER 11 BIRTHPL (State or countre) 12 MAIDEN OF MOT	or ork	may nora May Nora May	Ee. Vings	100 g mag n c m late (100 m 100 a da 20 a 20 a 20 a 20 a 20 a 20 a 20

STATE OF MARYLAND CERTIFICATE OF DEATH

St;

Registered No.....

Ward)	[If death occurred is a hospital or institution give its NAME losteat of street and number.]
, (

MEDICAL CI	ERTIFICATI	E OF DE	ATH	
18 DATE OF DEATH	(Mont)	h)	/ J (Day)	, 1913. (Year)
17 I HEREBY C				
that I last saw h alive	//	/		
and that death occurred on t	he date st	ated above	e, at/_	am
The CAUSE OF DEATH* WE	s as follow	s:	number ⁴	
G. Sak	10000	an ale	n	
V X.				
1				
4				
Contributory(Secondary)				• • • • • • • • • • • • • • • • • • • •
	(Duration)	yyrs	m	osds
(Signed)	P (In a	Y-3	, M. D.
e/r & 16, 191 3. (Addi				
*State the DISEASE CAUS CAUSES, State (1) MEANS TAL, SUICIDAL, OF HOMICID	ING DEATH, OF INJURY; AL.	or, in dea and (2)	the from whether	VIOLENT ACCIDEN-
18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	FOR HOSPIT	ALS, INSTI	TUTIONS,	RANSIENTS
At place	lo t	he		
of death yrs mos	ds. Sta	ite yr	s n	cs, ds
Where was disease contracted,				
If not at place ot death?	************			******************
Former or usual residence	******	**************		
19 PLACE OF BURIAL OR R	EMOVAL	PAT	E OF BU	RIAL
Brunswich 1	us	Vin.	16	, 191.3
20 UNDERTAKER		ADD	RESS	
2. H. Felle TAm		Bu	euch	ency- 10

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

- Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age heen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death--Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . Accidental drowning, Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



CERTIFICATE OF DEATH should Registration Dist. No. OCCUPATION [If death occurred in PHYSICIANS ...St.: Ward) a hospital or Institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE RMANE MARRIED. WIDOWED, BINDING (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH stated Exa (Month) classified If LESS than 7 AGE and that death occurred on the date stated above, at..... should 1 day, 2 hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in ADING may which employed (or employer) that it me Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 50 terms, on back 11 BIRTHPLACE RENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE EATH IN At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos, ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE See If not at place of death?..... o ā Former or (Informant) Every Item CAUSE OF usual residence... important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Kequesting V. S. No. 1.

5031

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpmeal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As ter" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN W. B. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
county Frederick 5032	CERTIFICATE OF DEATH
County	Registered No.
VIIIage or City Knowille (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 \(\) I HEREBY CERTIFY, That \(\) attended deceased from
DATE OF BIRTH Nov 9 ,91	7 20 , 1913, to 2 , 1913,
(Month) (Day) (Year)	that I last saw h 4 alive on 47 20 ,1913
7 AGE If LESS tha	Elia filet doctil adaditad all file deta ereste en el eringimistre
/ vrs. 5 mos. /6 ds. 0Rhrs. 0Rhrs. ?	I Ine CAUSE OF DEATH * Was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Convelsions
(b) General nature of industry, business, or establishment in which ampioyed (or employer)	(Duratien) yrs mos ds.
State or country)	Contributory (Secondary) (Ouration) yrs mos ss.
10 NAME OF Refet M Simon	(Signed) y V Jointee, M. D.
O 11 BIRTHPLACE	1913 (Address) Burkelle Ind
T SIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER 7 20 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of MOTHER Zillie & Metz	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place At place Of deathyrsmosds. Stateyrsmos,ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wolf M XIMON	Former or usual residence
(Address) Knoxville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed fr 26, 1913 Lym Fros	28 UNDERTAKER ADDRESS
REGISTRAR	1 1722/20 Dunowick
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-mine, etc. Women at home, who are engaged "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," who are engaged in the As examples

Statement of cause of death—Name, first, the dibrase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," FOF VIO-



PHYSICIANS should of OCCUPATION IS RECORD ² FULL NAME EXACTLY. F PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE, 3 SEX 4 COLOR OB RACE MARRIED, WIDOWEO. BINDING Write the word) 6 DATE OF BIRTH 3 4 (Month) (Day) (Year) 7 AGE If LESS than 2 pinous FOR 1 day,hrs. THIS OR min. ? properly BOCCUPATION AGE (a) Trade, profession, or INK RESERVED particular kind of work supplied. may be (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) that it m 9 BIRTHPLACE (State or country) carefully -10 NAME OF FATHER 000 ō MARGIN WITH be OF FATHER (State or country) PARENTS back terms, should 0 PLAINLY, 12 MAIDEN NAME OF MOTHER plain Instructions Information 13 BIRTHPLACE OF MOTHER (State or country 5 DEATH WRITE See of CAUSE OF Important. S Address) 15 No. 'n 0 ż

If more blanks are needed, address State

5033

1 PLACE OF DEATH

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in

The	give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH (Month)	/4, 1913 (Day) (Year)
that I last saw h La alive on	
and that death occurred on the date stated ab The CAUSE OF DEATH * was as follows:	pove, at / // m,
Premation 13.	ilk
(Duration)	yrsds.
Contributory(Secondary)	•••
(Signed) Les Slove	yrs mos ds.
(Signed) (Signed) (Address) Summer	
*State the DISEASE CAUSING DEATH, or, In CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State	
The state of	ATE OF BURIAL
20 UNDERTAKER Q D // A	DDRESS
MIX Sheell	1/1/-

W. S. No. 1

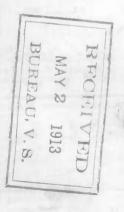
Wegistrar, 6 E. Franklin St., Balto., Requestion

[Approved by L. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing desired to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pcritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig "Contributory." Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1.

>

Table of Death 3034	CERTIFICATE OF DEATH
County Thedarick	Registration Dist. No. 38
Village or City Jameswilling. A.	St.;—Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gerrale White (Write the word)	
B DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on april 15 1, 191 3.
7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country) Moongland 10 NAME OF FATHER Benjamin Ogle 11 BIRTHPLACE	Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) Moundand 12 MAIDEN NAME OF MOTHER Cothering Manage	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mangland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Interment) Mors Alice Holb (Address) Firederich Med	finot at place of death? Former or usual rasidenca
Flied 4-2/, 1913 Sisolt Taylor Focal - REGISTRAR If more blanks are needed address State Revi	Moti Olivit Gene Afr. 19., 1913. 20 UNDERTAKER Frederick ADDRESS Thomas J. Bice Frederick Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

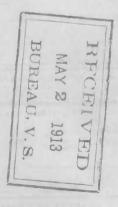
duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuteris of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify- as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Mcasles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

In Sec, H. Riggs.



-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN T. S. No. 1.

N. B.

	PLACE OF DEATH	5035	STATE OF MARY	LAND
	ounty Rederich	· /	CERTIFICATE OF	DEATH
Co	ounty Called	6	Registered	No 136
v	illage or City hear Use	Jana (No.	St; Ward)	[If death occurred in a hospital or institution,
	FULL NAME	13. Sp	ell	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 51	docon on made	single, MARRIED, WIDOWED, Write the word)	16 DATE OF DEATH Open (Month)	(Day) (Year)
80	ATE OF BIRTH	Write the word)	17 HEREBY CERTIFY, That I att	ended deceased from
- 6	Selruas	21 - 1838	that I last saw him alive on Coles	10 4 1913.
TAC	(Month)	(Day) (Year)		
^`		_ 1 day,hrs.	and that death occurred on the date stated about The CAUSE OF DEATH* was as follows:	ove, at <u>Iq</u> m,
_	7.5 yrs. mos.	. ds. ORmin.?	genera (Deby	lila
	Trade, protession, or	b		- Leader in Language
	ticular kind of work ULLARE d. General nature of Industry.	Thesekaus		******************************
busi	ness, or establishment in ch employed (or employer)		(Duration)	rsds.
9 81	RTHPLACE tate or country) Coust	and	Gontributory (Secondary)	• • • • • • • • • • • • • • • • • • • •
	10 NAME OF FATHER U. 13.	Spell	(Signed) Buy Color	rsds.
TS	11 BIRTHPLACE		april 6, 1913. (Address) Claak	Md
ARENTS	OF FATHER (State or country)	Bland	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT) whether Acciden-
PA	OF MOTHER Thany	Myrich	16 LENGTH OF RESIDENCE (FOR HOSPITALE INC.	TUTIONS TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	Sland	At place In the	yrs, ds.
14 _T	HE ABOVE IS TRUE TO THE BEST O	F MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
į	informant) Jane	Osoun	Former or usual residence	(30000 00000000000000000000000000000000
	(Address) monsor	ia Md	10	TE OF BURIAL
15			The surg md ug	erre 1, 1913
File	d, 191	REGISTRAR	R. B. Randle	DRESS Was Was
	If more blanks are need	ded, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No.	l.

[Approved by U. S. Census and American Public Health Association.]

ipateriai worked on may form part of the second of persons engaged in domestic service for wages, as statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, afplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As exampies: For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal term (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. State cause for ehlldbirth or miscarriage, as "Puznezzal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital." "Senile." etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merciy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 nant neoplasms) : Measles; Whooping cough; Chronio ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

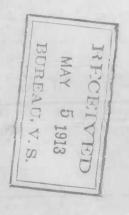
PLACE OF DEATH 5036	STATE OF MARYLAND
county Frederick	CERTIFICATE OF DEATH
1 1/1 A	Registration Dist. No. 132
Village or City Maddle Nu (No.	St.; Ward) [If death occurred in a hospital or institution,
1 00.	give its NAME instead
2 FULL NAME Mary Ulive	e Slive of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fimale With Sanger, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH Copy. 2 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Jan 3 1901	Upr 1913, to Upr, 20 , 1913,
(Month) (Day) (Year)	that I last saw har allve on Coffee 20 ,1913.
7 AGE	and that death occurred on the date Mated above, at
2 yrs. 3 mos. / 8 ds. 1 day,hrs. 0 csmin. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION //	Chorea Insamens
(a) Trade, profession, or particular kind of work.	the telephone with the contraction of the contracti
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration) yrs. mos 20 ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF DA & O.A.	(Ouration) yrs. /8 mos. ds.
FATHER Charles & Stine	(Signed) Of V. Hairarer, M. D.
IN 11 BIRTHPLACE	apr. 21, 1913. (Address) Middlelowy md
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SURGEST OF HOUSENSTANDS
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Deutha	Tab, Stitebab, or Homicibal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted,
Lefon E X Time	It not at place of death?
(Informant)	usual residence
(Address) Midellessur	19 PLACE OF BURIAL OR PEMOVAL DATE OF BURIAL
16 M 1. 12 M A.	Millellow april 23,1913
Filed Upil 221913 & M OFelle	20 UNDERTAKER DODRESS IN
REGISTRAR	A 6 flete How middle boun
If more blanks are needed, address State Regls trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF . AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerpueal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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5037 2 FULL NAME PERSONAL AND STATISTICAL PARTICULARS S'SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Write the word) 6 DATE OF BIRTH (Month) (Day) (Yea 7 AGE If LESS 1 day,.... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 90 back 11 BIRTHPLACE ARENT OF FATHER (State or country) instructions on 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) OF MY KNOWLEDGE See Important. 15 REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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	Dist		/	4	4

Registration Dist. No.../..../

rid doubt assumed to

Taylor	St.;Ward)	a hospital or Institution give its NAME Instead of street and oumber.]
MEDI	GAL GERTIFICATE OF	DEATH
16 DATE OF DEATH	April (Month)	Z/, 1913 (Day) (Year)
march 31	REBY CERTIFY, That is	L 2/, 1913,
	alive on	
The CAUSE OF DEAT		5076, at
y	nga (Duration) Lisouire Br	Jrs. 2 mos ds.
(Signed) Cha	(Address) Deton	yrs mos os.
State the DISEAS	E CAUSING DEATH, or, in MEANS OF INJURY; and (MEANS OF INJURY; and (MEANS OF INJURY)	deaths from Violana
At piace	mos ds. State	

usual residence.

BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



OCCUPATION RECORD PERMANENT ciassified pe supplied. UNFADING may 0 back terms, piain instructions = of DE OF Every Item CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... It death occurred in a hospital or Institution give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) HEREBY CERTIFY, That-Lattended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, Thrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF 18 ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. Stale Where was disease contracted, MY KNOWLEDGE If not at place of death? Former or osual residence. 19 PLACE OF BURIAL DATE OF BURIAL 15 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second who have no occupation whatever, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," ctc.), "Dropsy," theuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origiu; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 State cause for "Exhaustion,



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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-Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate.	
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1 PLACE OF DEATH 5039	STATE OF MARYLAND
Hardard 1	CERTIFICATE OF DEATH
County Danagers	Registered No. 139
Village or City Hot velle (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male. While Single, Medawed on bloomed, Write the word)	16 OATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	March 26, 1913, to afine 6, 1913, that I last saw him allve on leful of 1913
7 AGE It LESS than	and that death occurred on the date stated above, at 3.00 f.m.
78 yrs. 6 mos. 17 ds. 0 cm	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry,	Mi facal Muralgia
business, or establishment in Reliand which employed (or employer)	
State or country) Inaruland	Contributory (Secondary) (Ducation) yrs. mos. ds.
10 NAME OF STATE TONS.	(Signed) Morris a. Anel, M. O.
I State or country)	And J., 191 3. (Address) hundry Illd,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER VICAGE VICAGE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) ALLISSIS AND	Where was disease contracted, It not at place of death? Former or
(Address) Fertille Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dethel nd While 2, 191.3
Filed Thil 8, 1913 le Preson	20 UNDERTAKED AODRESS AODRESS Thurment had
If more blanks are meeded, address State Registral	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiit should be used only when needed. essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causeno death—Name, first, the disease causeno death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichuegenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neopiasus) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECKIVED

MAY 2 1913

BUREAU, V.S.

STATE OF MARYLAND PLACE OF DEATH ERTIFICATE OF DEATH ... OCCUPATION Registration Dist. No. fif death occurred in St .: Ward) PHYSICIANS a hospital or institution. RECORD give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 5 SINGLE, WIDOWED, MA 3 SEX 4 COLOR OR RACE ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from Exact 18 33 classified. (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? properly BOCCUPATION [12] (a) Trade, profession, or AG particular kind of work... (b) General nature of industric pe business, or establishment in (Duration) vrs. mos/ ds. may which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 80 ō 11 BIRTHPLACE terms, ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-60 AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER plain instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. I Where was disease contracted. DEAT If not at place of death?..... 0 Former or 9 item usual residence Every item CAUSE OF important. 15 0 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reposting V. S. No. 1.

BINDING

ESERVED

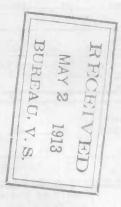
ARGIN

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "PUERPEEAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in Village or City .. Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH * was as follows: mos. OR min. ? properly 8 OCCUPATION Ü (a) Trade, profession, or particular kind of work. (b) General nature of Industry, pe business, or establishment in ADING (Duration) may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER of information EATH in plain ee instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) State Where was disease contracted, of DE/ If not at place of death?. Item Every item CAUSE OF important. usuai residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

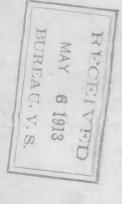
vi

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. should be taken to report specifically the occupations duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person irrespective of age cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the niseass Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—In all expect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumomia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc.. Carcintosis

thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of muy be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for death), 29 ds. Examples:



5042 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred inWard) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH 4 COLOBOR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) m It LESS than 7 AGE and that death occurred on the date stated above, at 11.30 Am. 1 day hrs. The CAUSE OF DEATH * was as follows: T properly BOCCUPATION AGI (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in ADING (Duration) yrs. 5 mos may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address).... ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS EATH in 13 BIRTHPLACE At place In the of Mother (State or country) ot death yrs. mas. ds. State yrs, mos, ds Where was disease contracted, 14 THE ABOVE IS of DE/ It not at place of death? Former or Item OF Every Item CAUSE OF Important. usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health
Association.)

Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cbildbirth or miscarriage. as "Purperal septichae cause of death approved by Committee on Nomencla dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Tracmia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasics (disease causing death), 29 affection need not be stated unless important nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples:



VIHAGE OF City Frederick (No. 424, C	Registration Dist. No. 131 Moissele St.; 4 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, ORDIVER CHE WORD) Make Colored (Write the Word)	16 DATE OF DEATH African (Month) (Day (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on 4 - 6 ,1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 12.30.19m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos / ds
*BIRTHPLACE (State or country) *** **BIRTHPLACE (State or country) ** ** ** ** ** ** ** ** ** **	Gontributory Carterio Sclenoses Secondary
10 NAME OF Isaac Whiting	(Signed) 6.2. Brooks , M. D. 14 - 8 , 1913. (Address) 100 - 8 5 th
OF FATHER (State or country) Mossyland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs
(Informant) Jessie Nichols	If not at place ot death? Former or usual residence
Filed 4-8 1913. De dray Merchan	Date of Burial OR REMOVAL Laboring World 20 UNDERTAKER Thomas T, Mice Frecherick Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

5043

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. Care duties of the household only (not paid Housekeeper's mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plantor, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLAU, V.S.

PLACE OF DEATH

County Froederick 5044	CERTIFICATE OF DEATH
County	Registration Dist. No. 181
Village or City Frederick (No. Coily 2FULL NAME Unfait	Hoospitalst; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White (Write the word)	16 DATE OF DEATH (Model) (Day (Year)
Acce 8 1913 (Month) (Day (Year)	that I last saw her allow on april 18, 1913.
7 AGE It LESS than 1 day, 2 hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work	Dyrlocia.
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) X yrs. X mos. F gs.
9 BIRTHPLACE (State or country) Mangland	Contributory Contracted pelvis of mother Secondary
10 NAME OF FATHER Fromthe Wickeless	(Signed) M. Omit M. D
11 BIRTHPLACE OF FATHER (State or country) Many Land	Topil 19, 1973. (Address) Fr Tederica ma
Y 12 MAIDEN NAME OF MOTHER OF	A State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) New Years	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Address) Shoolestown Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 19, 1913 De chay mi bardy	OST, Jolius Cens Afr 19, 1913. 20 UNDESTAKER TO TO TO THE ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVI AND

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

CAUSING DEATH (the primary affection with respect to Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); "Croup";) brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubcrcu-(avoid use Carcin-

> "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septiehaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ar M. No. Smith

BUREAU, V.S.

RECORD PERMANENT BINDING 4 IS UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH S. No. 1.

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		IER country	Moa	ngle	an	d
4 THE	ABOVE IS	TRUE TO	THE BEST	F MY	KNOWLE	DGE
(Inf	rmant) Sle	1. 6v	noli	ue H	ill	cana
	(Address)	75 X	V, AC	esta	in	ts di
Flied	fil.	30,191 <u>3</u>	Drad	auf!	M. L	esistes.
1		If mor	e blanks a	re needed	, address	State Re

1 PLACE OF DEATH

5045

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

[If death occurred in a hospifal or institution, give its NAME instead of streef and number.]

Y. All Saints: 1 Ward)
Welliams

MEDICAL CERTIFICATE OF DEATH
ODATE OF DEATH After 28, 1915 (Month) (Day (Year)
17 I HEREBY CERTIFY, That I attended deceased from
, 191, to, 191
that I last saw halive on
and that death occurred on the date stated above, at 5-30 Am
The CAUSE OF DEATH* was as follows: Thereby certify that asserved as Physicia to Coron are Inquest (man found deads)
Clause of Deat Lives (Duration) or 2 yrs. mos. do
Contributory aleoholism Secondary
Signed) LC Dominion yrs mos Secretais
4/29 , 1913 (Address) Drederick my
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENS CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease confracted, If not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Greenmount Cen Afr 30, 1913
20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918

CHAN BUREAU. V. S.